

State/Territory: South Carolina

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

g. Birthing Centers.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

\*Description provided on attachment.

TN No. MA 99-002

Supersedes Approval Date 1/1/91

TN No. MA 90-38

Effective Date 8/01/99

HCFA ID: 7986E

The services listed below must be medically necessary and are subject to utilization review by the State Health and Human Services Finance Commission personnel, and must meet Federal and State laws and regulations.

Prior authorization from the State Health and Human Services Finance Commission is required before payment will be made for services covered by Medicaid and rendered by an out-of-state provider, excluding those located within a twenty-five (25) mile radius of the South Carolina border.

For referrals out-of-state, the referring physician must obtain PRIOR APPROVAL before out-of-state services are reimbursed.

Out-of-state providers must meet Medicaid enrollment criteria before payment may be made. Payment to out-of-state providers follows federal and state regulations and guidelines as promulgated.

1. INPATIENT HOSPITAL SERVICES. Inpatient Hospital Services must be provided in a general acute care institution licensed as a hospital by the applicable South Carolina licensing authority and certified for participation in the Medicare (Title XVIII) program. Hospital services are subject to the following cost containment measures:

1. Utilization review for appropriateness of treatment and length of stay.
2. Preadmission screening of selected services/procedures.
3. A mandatory outpatient surgery list per fiscal year.

The following procedures are noncovered services: Hospital stays related to clinically unproven procedures and/or experimental procedures, plastic surgical procedures performed for cosmetic reasons, and other procedures determined not be medically necessary.

Abortions and sterilizations are reimbursable in accordance with Federal and State requirements.

Certain procedures require prior authorization for payment purpose. Other procedures require that the attending physician submit additional medical documentation with the claim for determination of medical necessity. All such procedures are listed in the Provider Manuals.

Effective July 1, 1989 the State Health and Human Services Finance Commission will sponsor Administrative Day services to recipients who no longer require acute hospital care, but are in need of nursing home placement which is not available at the time. The patient must meet either intermediate or skilled level of care criteria. Administrative Days must follow a hospital stay and will be covered in any hospital as long as such care is not available in a nursing home within a fifty (50) mile radius. Swing bed hospitals may furnish Administrative Days provided all swing beds in the hospital are occupied.

2.a OUTPATIENT HOSPITAL SERVICES. Outpatient non-emergency clinic services will be covered.

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EFFECTIVE DATE: 7/01/93  
RO APPROVAL: 10-14-93  
SUPERSEDES: MA 92-022

2.b. RURAL HEALTH CLINICS. Rural Health Clinic (RHC) services are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, or specialized nurse practitioner. RHC services are covered when furnished to patients at the clinic, skilled nursing facility, or the patient's place of residence. Services provided to hospital patients (including emergency room services) are not considered RHC services. All services must be medically necessary and appropriate for the diagnosis and treatment of a specific condition. These services are to be reimbursed on the basis of 95% of an all inclusive rate determined by Medicare.

Supplies, lab work and injections are not billable services. These services and supply costs are included in the all inclusive rate. Family planning contraceptives and the technical component of x-rays and EKGs are not considered part of the all inclusive rate.

A maximum of twelve (12) visits per patient per fiscal year for patients age 21 or older.

2.c FEDERAL QUALIFIED HEALTH CENTERS. Federally Qualified Health Centers (FQHC's) services are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife, or specialized nurse practitioner. FQHC services are covered when furnished to patients at the center. These services are to be reimbursed at an all inclusive rate based on 95% of Medicare reasonable costs and other constraints as identified in paragraph 2(c) of 4.19-B. Services provided at a skilled nursing facility, hospital (including emergency services) or a patient's place of residence are not considered FQHC services.

Supplies, lab work and injections are not billable services. These services and supply costs are included in the all inclusive rate.

A maximum of 12 visits per patient per fiscal year for patients age 21 or older.

2.d Federally Qualified Health Centers. Federally Qualified Health Center services provided to a pregnant woman or an individual under 21 years of age will not be limited to 12 visits per patient per fiscal year.

2.e Indian Health Service (IHS) Facilities. Services reimbursed at the IHS rate are limited to procedures performed by a physician, physician assistant, nurse practitioner, nurse midwife or specialized nurse practitioner. These services are covered when furnished to a patient at the clinic. These services will be reimbursed at an all-inclusive rate as determined by the IHS.

Supplies, lab work and injections are not billable services. These services and supply costs are included in the all inclusive rate.

4.a. NURSING FACILITY SERVICES. (For individuals 21 years of age or older). Prior approval for admission (or upon request for payment) and prior approval for resident case mix classification as appropriate is the responsibility of the Division of Community Long Term Care, South Carolina Department of Health and Human Services (DHHS). Annual validation of resident case mix classification based upon a random sample of 20% of facility residents shall be performed for DHHS, under contract by the South Carolina Department of Health and Environmental Control (DHEC). Includes services provided in a swing bed hospital. Includes subacute care provided to ventilator dependent patients when contracted to provide this care (effective 04/01/89).

Basic services and items furnished in a nursing facility that are inclusive in the per diem rate and must not be charged to the patient include the following:

A. Nursing Services - Includes all nursing services to meet the total needs of the resident, the administration of treatments and medications as ordered by the physician, assistance with mobility (walking or wheelchair), and routine nursing supplies. Nursing supplies include, but are not limited to such items as syringes, air mattress, I.V. supplies, adhesive tape, canes, ice bags, crutches, glycerine, mouth swabs, water pitchers, bed pans, thermometers, and urinals.

B. Special Services - Including assistance by the facility social worker, participation in planned activities, physical therapy, speech therapy, occupational therapy and inhalation therapy.

C. Personal Services - Services for the comfort of the resident which include assistance with eating, dressing, toilet functions, baths, brushing teeth, washing and combing hair, shaving and other services necessary to maintain a clean, well kept personal appearance. Includes assistance in walking and wheelchair use when necessary. Diapers and underpads are provided as needed.

D. Room and Board - Includes a semiprivate or ward accommodations, all meals including special diets and snacks ordered by the physician. Includes feeding residents if unable to feed themselves and tube feeding. Housekeeping services and bed and bath linens are included.

E. Safety and Treatment Equipment - Including, but not limited to the following items: standard wheelchairs, infusing equipment, bedside commode, side rails, restraint chairs (Geri-chairs), suction apparatus, walkers, crutches, canes and other equipment that is generally used by multiple residents and does not become the property of the individual resident.

F. Medications - Over-the counter (OTC) non-legend medications are included (except for insulin). The resident may receive up to three prescriptions per month which are covered by Medicaid. If the drugs are obtained from a pharmacy which participates in the Alternate Reimbursement Methodology Plan, the residents is not required to pay for the prescription drugs that meet the program guidelines even if the number of prescriptions is greater than three.

G. Medical Supplies and Oxygen - The following items are included, however, the included items are not limited to this list: oxygen, supplies used for inhalation therapy, catheters and related supplies, dressings, disposable enema equipment or other irrigation supplies, I.V. solutions, disposable instrument trays, levine tubes, and other supplies ordered by the physician or necessary to meet the needs of the resident because of the resident's medical condition.

4.b EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT). The EPSDT program offers special medical services to Medicaid recipients under the age of twenty-one. EPSDT services include dental, vision, hearing services and general health screening. EPSDT services are offered in addition to medically necessary services available to all Medicaid recipients. Additional ambulatory care visits will be made available as necessary.

SC: MA 99-005

EFFECTIVE DATE: 07/01/99

RO APPROVAL: 1/13/2000

SUPERSEDES: MA 94-018

Private duty nursing services are available to all recipients under age 21 who are found to be in need of such services on the basis of State established medical necessity criteria. The services must be ordered by the attending physician and must be provided by a Licensed Practical Nurse (LPN) or a Registered Nurse (RN), licensed by the State Board of Nursing for South Carolina. Immediate family members cannot be reimbursed for providing these services.

Personal Care Aide services are available to all recipients under age 21 who live at home and who are found to be in need of such services on the basis of state established medical necessity criteria. The amount and duration of services must be prior authorized and re-authorized based on the recipient/s medical needs at regular intervals by the DHHS. The services must be ordered by the attending physician and must be provided by a personal care aide under the supervision of a Registered Nurse. Immediate family members cannot be reimbursed for providing these services. The Personal Care Aide service must be provided in the recipient's home.

Physical and occupational therapy services as prescribed by a licensed physician, identified as a needed service through an EPSDT exam or evaluation and identified on a prior authorized treatment plan. Services may be rendered by all licensed practitioners including physicians and licensed physical and occupational therapists either employed by an approved provider or certified as an independent or group practitioner.

Psychological testing, evaluation and therapy are covered when prescribed through an EPSDT screen or exam and a prior authorization process. Services may be rendered by a licensed doctoral level psychologist in private practice or employed by an approved and enrolled provider.

Nursing Services for Children Under 21: Skilled intermittent nursing care provided by nurses licensed and regulated by the state to administer medications or treatments to children under 21. The nursing care provided is necessary for the maximum reduction of the beneficiaries' physical and/or mental disability and restoration to the best possible functional level.

4.c Effective April 1, 1990, the Omnibus Budget Reconciliation Act, Section 6403 requires that any diagnostic service or treatment determined to be medically necessary as a result of a screening service which is allowed to be covered with Federal matching funds under Medicaid must be provided whether or not such service is covered under this State Plan.

SC: MA 99-005  
EFFECTIVE DATE: 07/01/99  
RO APPROVAL: 1/13/2000  
SUPERSEDES: MA 99-002

Medical Screenings, Vision Screenings and Hearing Screenings are provided according to the following periodicity schedule: (1 per range)

Birth - to 1 month	12 months - through 14 months
1 month - through 2 months	15 months - through 17 months
3 months - through 4 months	18 months - through 20 months
5 months - through 7 months	21 months - through 24 months
8 months - through 11 months	

3 years through 6 years - Four screenings are allowed one year apart.  
8 years through 21 years - Seven screenings are allowed two years apart.

Dental Screening Services begin at age 3 (unless problems are identified sooner) and are provided every six months thereafter until the age of 21 years.

Interperiodic screenings are covered at intervals other than those specified in the periodicity schedule when medically necessary to identify and treat a suspected illness or condition.

Non-Covered Services except in cases where medically necessary:

Dental

- Gold materials
- Endodontics (except pulp cap and pulpotomy)
- Periodontics (except emergency gingival curettage)
- Regular dental recall
- Space maintainers
- Bridges
- Porcelain bonded to metal crowns
- Partials replacing primary dentition
- Cast partials
- Partials replacing only posterior teeth

Vision

- Tinted lenses are not a covered service
- Lens covered as a separate service (except replacement)
- Training lenses
- Protective lenses
- Oversized lenses are not covered
- Lenses for unaided VA less than 20/30 + -.50 sphere
- Plastic lenses for prescription less than + or -4 diopters
- Visual therapy or training is not covered
- There are no allowable benefits for optometric hypnosis, broken appointments, or charges for special reports.

SC: MA 90-12  
EFFECTIVE DATE: 4/01/90  
RO APPROVAL: 5/3/91  
SUPERSEDES: MA 90-05

Medical Screenings, Vision Screenings and Hearing Screenings are provided according to the following periodicity schedule: (1 per range)

Birth - to 1 month	12 months - through 14 months
1 month - through 2 months	15 months - through 17 months
3 months - through 4 months	18 months - through 20 months
5 months - through 7 months	21 months - through 24 months
8 months - through 11 months	

3 years through 6 years - Four screenings are allowed one year apart.  
8 years through 21 years - Seven screenings are allowed two years apart.

Dental Screening Services begin at age 3 (unless problems are identified sooner) and are provided every six months thereafter until the age of 21 years.

Interperiodic screenings are covered at intervals other than those specified in the periodicity schedule when medically necessary to identify and treat a suspected illness or condition.

#### Dental

Covered Dental Services for Recipients Under 21: All medically necessary preventive and restorative services.

Non-covered Services except in cases where medically necessary.

#### Vision

Tinted lenses are not a covered service  
Lens covered as a separate service (except replacement)  
Training lenses  
Protective lenses  
Oversized lenses are not covered  
Lenses for unaided VA less than 20/30 + -.50 sphere  
Plastic lenses for prescription less than + or -4 diopters  
Visual therapy or training is not covered  
There are no allowable benefits for optometric hypnosis, broken appointment, or charges for special reports.

Hearing

Limited to the provision of hearing aids including batteries, accessories and repairs, and hearing tests for diagnosis and referral.

Prior authorization by consultants is required for specific dental, vision and durable medical equipment, prosthetic and orthotic appliance services, private duty nursing services and personal care aide services. The codes representing covered services are listed in the state agency manuals for Dentistry, Vision Care, Durable Medical Equipment, CLTC Services Provider Manual.

Services not listed as covered services in the state agency manuals/state plan will be provided if determined to be medically necessary by the appropriate agency staff or consultants. The reimbursement rate for these services will be 80% of statewide usual and customary fees. If the provider is a government agency and/or a non-profit organization, the reimbursement will be no greater than actual cost. This is in compliance with 45 CFR Subpart Q.

4.c Family Planning Services

Family Planning services are available to all Medicaid recipients and include all medical and counseling services related to alternatives of birth control and pregnancy prevention services prescribed and rendered by physicians, hospitals, clinics, pharmacies and other practitioners and other Medicaid providers recognized by state and federal laws and enrolled as Medicaid Providers.

Coverage for Adolescent Pregnancy Prevention Services is allowed as described for EPSDT eligible recipients, and rendered by approved Medicaid providers.

(Effective 11-1-90)

Adolescent Pregnancy Prevention Services are services available to improve access to quality family planning services for a group at high risk for unintended pregnancy. Adolescent Pregnancy Prevention Services enhance the ability of all adolescents to make responsible decisions about sexual activity, including postponement of sexual activity or use of effective contraception. The result is a lowered incidence of pregnancy and sexually transmitted diseases and improved overall physical and mental health.

Adolescent pregnancy prevention services are defined as follows:

1. Individual counseling is a medical service using a systematic approach that is goal oriented with the purpose of developing a reasoned and responsible approach to family planning, including as appropriate, contraception or delay of sexual activity. Recipients will be informed of how to locate and use resources such as the health department, clinics or other family planning providers.
2. Group counseling is a medical service using group interaction for the same purposes and goals as individual counseling.

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EFFECTIVE DATE: 11/01/90  
RO APPROVAL: 6/6/91  
SUPERSEDES: MA 90-12



3. Family counseling is a medical service that focuses on how the family can help the individual make responsible decisions in sexual risk reduction, particularly pregnancy prevention and disease prevention. Family Counseling is provided for the purpose of helping the eligible recipient in terms of family planning. It is not intended to provide primary benefit to the family system, some members of which may be ineligible for Medicaid services.
4. Home visits is a medical service used to assess the recipient's level of functioning and his/her needs for family planning services, including identifying obstacles to utilization of family planning services.
5. Group health education is a medical service that focuses on family value systems and their impact on pregnancy prevention; human sexuality; physical development; postponement of sexual activity as a responsible decision; contraception; and decision making skills related to family planning.
6. Referral services will be used to link recipients to family planning providers and other medical providers whose services will help improve the overall functioning of the individual and therefore his ability to exercise good judgment in family planning.
7. Assessment is a medical service used to evaluate the overall family planning needs of the recipient, including counseling services, birth control and other services above.

Eligible providers of Adolescent Pregnancy Prevention Services must meet the standards established by the State Health and Human Services Finance Commission and be approved as providers of this service. Providers may qualify for enrollment upon demonstration of the ability to provide the specified services in accordance with the requirements set forth by Medicaid, and sign an agreement with the State Health and Human Services Finance Commission. Providers may be any qualified individual or organization including but not restricted to state and local health care agencies or clinics regardless of whether they provide other Medicaid services. Individuals providing adolescent pregnancy prevention services must, at a minimum, be licensed or certified by appropriate state authorities as a health care professional, or be directly supervised by a licensed or certified health care professional.

Adolescent pregnancy prevention services include assessment; individual, group and family counseling; and health education related to sexuality, reproduction and family planning. Payment for adolescent pregnancy prevention services under the plan does not duplicate payments made to public or private entities under other program authorities for the same purpose.

These services are limited to EPSDT eligible children only. Family planning services are available to all Medicaid recipients under the State Plan. The purpose of this amendment is to ensure that appropriate family planning services are available to adolescents whose needs may be different. All adolescent pregnancy prevention services are comparable

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RO APPROVAL: 6/6/91

SUPERSEDES: N/A

in amount, duration and scope. Adolescent pregnancy prevention services are not restricted geographically, and are provided on a statewide basis in accordance with section 1902(a)(10)(B). Recipients retain freedom of choice of family planning providers for all family planning services, including adolescent pregnancy prevention. Refusal to accept adolescent pregnancy prevention services does not in any way limit the recipient's right to utilize any family planning services under the State Plan. The state assures that the provision of adolescent pregnancy prevention services does not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

**SC: MA 90-37**  
**EFFECTIVE DATE: 11/01/90**  
**RO APPROVAL: 6/6/91**  
**SUPERSEDES: N/A**